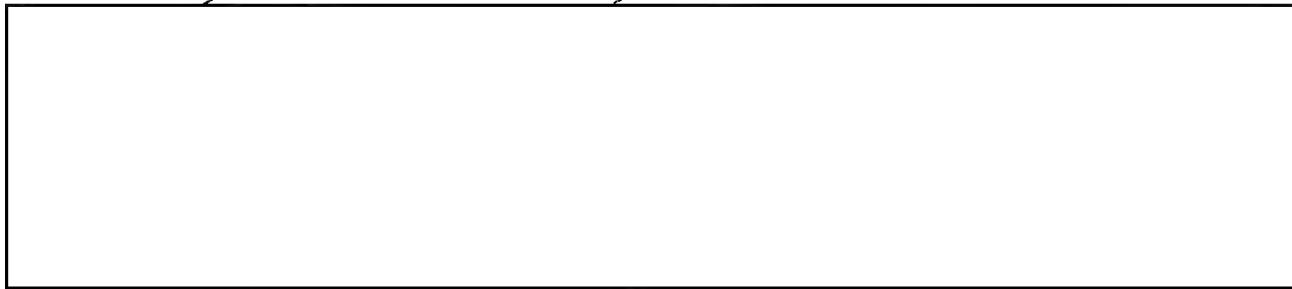


INSPECTOR GENERAL'S SURVEY

OF THE OFFICE OF MEDICAL SERVICES

25X1



Recommendation No. 2

~~Comment~~ Concur. This has been discussed with the Deputy Director/SA who is in agreement. DDST

Recommendation No. 3

~~Comment~~ *in all three parts of the recommendations.*

a. Concur

b. Concur

Concur

~~Comment~~ → *insert*

The present practices for professional staffing have evolved over a period of almost two decades. Problems in recruiting, utilizing and retaining a scarce category of professional personnel such as physicians have not been minor. These basic problems are probably greater because of the relatively small number of individuals involved; the sudden change in the availability or personal dispositions of one physician can, for example, require a chain of personnel adjustments.

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The niceties of conventional personnel planning and practices must often be compromised to assure essential staffing continuity.

Recommendation No. 4

~~COMMITTEE~~
Concur

Panel C has been directed to review current assignment of medical technician and medical service officers.

Recommendation No. 5

~~COMMITTEE~~

This recommendation gives us some trouble as we are again involved with a situation which has developed over many years. For example, the Administrative Officer position is not purely budget and/or finance but involves the OMS services function which requires familiarity with medical practices and equipment. These positions have also represented opportunities to which the lower graded medical technician may aspire for career development; they are in this sense quite vital to the career program of OMS. We would like to defer final comment on this recommendation pending a more complete review *study with the Office of Personnel and the Office of Finance.*

Recommendation No. 6

~~COMMITTEE~~

ILLEGIB This recommendation also requires further study before *ILLEGIB* we can *hand* come up with adequate comment:

When the Selection Processing Center was

activated in October 1967 it was our intent that there would eventually be an organizational integration of all medical selection activities in the Rosslyn area. This remains our plan. We do not at present have the appropriate staff positions for the establishment of a Selection Processing

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allegation

Division, nor do we have an ~~allegation~~ of FY 1969 funds sufficient to cover this change.

Recommendation No. 7

Comment
[redacted] We presently have a study under way on the mission, functions and organization of the OMS. The proposed Medical Services Division, to consist of the existing Psychiatric Staff and Clinical Division, is merely one possibility for rearrangement of our staffs and divisions. We feel it would be premature to comment on this recommendation prior to the completion of the study.

Recommendation No. 8

Comment
Concur. The Director of Medical Services is investigating ways of providing more timely medical guidance to management officials. The proposed Counselling Function for employees may also be helpful in this area.

Recommendation No. 9

Comment
a. We agree with the thrust of the recommendation but ~~prefer~~ to avoid the coercive element that is implied. We would prefer to attempt to work this problem out with the individuals concerned, relying on ~~our~~ OMS's professional persuasive capability to assure currency of physical examinations. It should also be noted that the Office of Medical Services normally *is* confronted with the reverse problem; more employees requesting examinations than can be accommodated.

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b. The Office of Medical Services will take action to improve the follow up aspect, but our preference is to put the onus on the individual to report his actions to OMS rather than have OMS "policing" him. In some cases, of course, the role of the OMS must necessarily stop at recommendation.

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Recommendation No. 10

Concur
the time element involved

in the time required for a *more* *extensive*

case represents the medical adjudication process as well as the actual examination.

This requires more Agency time than would a case that is worked up in the Agency but sent to the Civil Service Commission for adjudication.

Recommendation No. 11

Comment
Concur. The Director of Medical Services will work with the Director

develop more effective procedures for keeping the Office of Personnel and

the Office of Security properly informed.
informed. It is also planned to include the Office of Security in these discussions.

Recommendation No. 12

Comment
Concur. There will continue to be valid reasons from time to time when

ILLEGIB examinations by an Agency medical officer will be manifestly impracticable. We agree that
can be stated more strongly *in the regulatory issuance*
this requirement should apply whenever feasible.

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~~SECRET~~

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Recommendation No. 13

~~Comment~~

Non-concur. In our judgment the basic responsibility for determining geographic areas requiring dependent physical examinations should remain with the operating components, with a requirement for close coordination with the OMS. We feel that the deficiency pointed out by the IG report can best be corrected by updating and keeping current the system provided for in the present

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regulation

OMS will take the initiative with the

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~~area division~~

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3. The Director of Medical Services was fully responsive to the suggestions, changes, and improvements raised in the Inspector General's Report. While not contained in recommendation form, the comments concerning the management of the Office of Medical Services as being highly centralized, carefully planned and based on traditional values and concepts of the medical profession along ~~also point it out~~ it

ILLEGIB with the reaction that [] offers little scope for innovation and independent decision making by the professional members of the staff. These ^{Comments} were carefully discussed and considered and I think that the resultant evaluation stems from several factors. The position of the Deputy Director of the Office of Medical Services and the positions of Chief, Clinical Division and Chief, Psychiatric Staff are ones that must necessarily be filled by competent, professional officers experienced and appreciative of Agency policy and operating considerations.

It is most unfortunate ^{that} the medical disabilities of two senior [] officers have interrupted the planned assignment of responsibilities and career successions.

Additionally there has been a fairly high turnover of the professional staff officers which has in effect precluded the selection, training and development of some of these officers for senior positions and responsibility. This high turnover is not the result, in my judgment, of the management policies of the Director ~~of~~ of Medical Services but the fact that the constant opening of opportunities in the private medical field are highly attractive and far more lucrative than what Government ~~of~~ this Agency can pay. As a result it is difficult to

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develop and maintain highly professional quality personnel on a long-term, career basis. Therefore, ~~it has been Dr. Liejen's policy~~, and rightfully so, to maintain tight direction of his program until he can provide the successors on a career basis who can assume the positions of responsibility and to whom considerable authorities may be delegated.